

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
OFFICE OF SELECTION SERVICES  
SUPPLEMENTAL APPLICATION FOR CHIEF DEPUTY, CLINICAL SERVICES, CORRECTIONAL FACILITY**

**Read instructions carefully**

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Chief Deputy, Clinical Services, Correctional Facility (CF) with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*\*In order to expedite the hiring process your phone numbers are required\*\*\***

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Residency Training: \_\_\_\_\_

Post Graduate Year 1	Post Graduate Year 2	Post Graduate Year 3
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Medical License: _____	_____	_____
Number	Expiration date	State

Specialty Board Certification: _____	_____	_____
Number	Specialty	Expiration Date

Board Re-certification date: \_\_\_\_\_

Signature \_\_\_\_\_

Date

**I certify that all the statements I have made in this application are true and correct.**

***MAILING INSTRUCTIONS:***

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 (you may download a copy of the STD. 678 from the State Personnel Board's website at [www.spb.ca.gov](http://www.spb.ca.gov)) to the address listed below:

**MAIL COMPLETED  
STD. 678 AND  
SUPPLEMENTAL  
APPLICATION TO:**

California Department of Corrections and Rehabilitation  
Office of Selection Services  
P. O. Box 942883  
Sacramento, CA 94283-0001

**CHIEF DEPUTY, CLINICAL SERVICES, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

**All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this examination.**

"Possession of the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the Osteopathic Medical Board of California. (Applicants who are in the process of securing approval of their qualifications by the Medical Board of California or the Osteopathic Medical Board of California will be admitted to the examination, but the Board to which application is made must determine that all legal requirements have been met before candidates will be eligible for appointment.) **And**

**Either I**

One year of experience in the California state service performing the duties of a medical class at least at a level of responsibility of Chief Psychiatrist, Correctional Facility or Chief Medical Officer, Correctional Facility.

**Or II**

Two years of medical experience as a clinical manager with responsibility for planning, organizing, and directing a health care and treatment program including supervision of clinical and related staff. (State experience applied toward this requirement must at least be at the level of responsibility required under Pattern I above.)"

**JOB REQUIREMENTS**

**The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.**

- |  |  |
|--|--|
| 1. Are you willing to work in a State correctional facility?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you willing to provide medical care to inmates?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to comply with the Department's safety and security procedures?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you willing to participate in departmental legal activities (e.g., serve as an expert witness, material witness, defendant)?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you willing to work Physician-on-Call or Medical Officer-of-the-Day assignments (e.g. evenings, nights), which may extend beyond regular working hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you willing to work various schedules (e.g., day shift, swing shift, night shift)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you willing to actively participate in the peer review and clinical quality review process?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you willing to comply with tuberculosis screening requirements?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**LICENSE REQUIREMENTS**

**Please answer the questions below regarding the status of your medical license.**

- |   |  |
|---|--|
| 9. Is your license to practice medicine currently restricted?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you been convicted of any felony crime related to the practice of medicine that has restricted your ability to practice or your scope of practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are there currently any pending disciplinary charges against you?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Have there been any disciplinary actions completed against you that have restricted your ability to practice medicine?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Have there been any settlements, malpractice judgments, or arbitration awards rendered against you?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**CHIEF DEPUTY, CLINICAL SERVICES, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**LICENSE REQUIREMENTS, Continued**

- |  |  |
|--|--|
| 14. Have any disciplinary actions been taken against you by another state or jurisdiction?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Have you been convicted of any misdemeanor related to the practice of medicine that has restricted your ability to practice or your scope of practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Is your license to practice medicine currently subject to probationary conditions?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Have your clinical privileges at any hospital or health care institution ever been revoked?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Has your medical staff membership or medical staff status at any hospital ever been revoked?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**DEGREES/CERTIFICATIONS**

**Please indicate if you have completed any of the following degrees, residencies, or certifications.**

- ☐ MBA/PH.D. in hospital administration
- ☐ Master's degree/Ph.D. in a health-care related field
- ☐ Board certified in either family practice or internal medicine
- ☐ Board certified in pediatrics or adolescent medicine
- ☐ Certified Correctional Health Professional (CCHP)

**MANAGERIAL EXPERIENCE**

**Please mark the box(es) that indicate which of the following you have directly supervised after receiving your license.**

- ☐ Physicians
- ☐ Registered Nurses
- ☐ Therapists (recreational, occupational, physical, etc.)
- ☐ Dental staff
- ☐ Physician Assistants
- ☐ Residents/Interns
- ☐ Nurse Practitioners
- ☐ Mental Health staff

**CHIEF DEPUTY, CLINICAL SERVICES, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

WORK EXPERIENCE	FREQUENCY				LEVEL OF SKILL		
	Last 24 months		Weekly	Monthly	Annually		
<p>Note: Under "Work Experience," for items #1-28, please indicate</p> <p><b>Frequency:</b></p> <p>a) If you have performed this task within the last 12 months</p> <p>b) How often you perform this task (Please select one box from "weekly" "monthly" and "annually" column)</p> <p><b>Level of Skill:</b></p> <p>a) The level of skill that you have in performing this task (Please select one box from the "level of skill" column)</p>							
1. Plan, organize, and direct a complex health services operation including medical, dental, and/or psychiatric programs.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Make managerial decisions regarding policy, patient treatment, facility, equipment, personnel and budgeting needs.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Develop, implement, and review policies and procedures relative to health care services.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Interview patients to establish symptoms and medical history.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Physically examine patients to determine symptoms, evaluate health status, and determine diagnoses.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Write progress notes, patient histories, correspondence, etc.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Interpret medical charts, lab reports and other documents to determine next step in patients' treatments.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Order appropriate lab studies, X-rays/imaging scans and other diagnostic tests to determine patient's condition or illness.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Diagnose patients' diseases or conditions to determine treatment methods, needed referrals, etc.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Order medical interventions (e.g. medication, special diets, physical therapy, etc.) appropriate to treat patients' conditions.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Make rounds to facilitate continuity of care and management of patients' conditions.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Schedule follow-up appointments with chronically ill patients to facilitate continuity of care and management of patient's condition.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Administer treatments (e.g., medications, dressing, injections, etc.)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHIEF DEPUTY, CLINICAL SERVICES, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

WORK EXPERIENCE, CONTINUED	FREQUENCY				LEVEL OF SKILL		
<p>Under "Work Experience," for items #3 please indicate <b>Frequency:</b></p> <p>a) If you have performed this task within the last 12 months</p> <p>b) How often you perform this task (Please select one box from "weekly" "monthly" and "annually" column)</p> <p><b>Level of Skill:</b></p> <p>b) The level of skill that you have in performing this task (Please select one box from the "level of skill" column)</p>	Last 12 months	Weekly	Monthly	Annually	Not performed	Performed during training	Performed AFTER licensure
14. Perform procedures (e.g., suturing, incision and drainage, endo-tracheal intubation, and/or excision, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Educate patients about their diagnosis, treatment, condition and prognosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Provide direct medical, dental and/or psychiatric treatment to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Work collaboratively with health care services staff and other departmental divisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Consult with staff members on unusual or difficult medical, surgical or other treatment problems of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Evaluate and approve medical, dental and/or psychiatric treatment provided to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Review clinical investigation protocols and/or internal research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Arrange for consultation on difficult cases with medical authorities outside the health services operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Clinically supervise Registered Nurses, Physician Assistants, Interns/Residents, and/or Nurse Practitioners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Supervise a large clinical staff, including psychiatrists, psychologists, physicians, social workers, therapists, nurses, dentists, and other related classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Develop and implement programs to train students, interns or residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Conduct and/or facilitation staff conferences, meetings and In-Service Training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Conduct interviews, evaluate and make recommendations on the hiring process of candidates for professional, technical and other health care related positions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Review and/or prepare written documents (e.g. reports, correspondence, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Respond to inquires from governmental agencies, legislature, citizens, patient family members, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHIEF DEPUTY, CLINICAL SERVICES, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA**

**These questions are not part of the examination, but are for the hiring authority's information.** If you answer 'yes' to question 2 below, please provide your Visa information.

1. Are you a citizen or permanent resident of the United States of America? ☐ Yes ☐ No

2. If no, are you in possession of a Visa that permits you to work in the United States of America? ☐ Yes ☐ No

Visa type \_\_\_\_\_

Visa expiration date \_\_\_\_\_

**CHIEF DEPUTY, CLINICAL SERVICES, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers** and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, **once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

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**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ **(D) Permanent Full-Time**      ☐ **(R) Permanent Part-Time**      ☐ **(K) Limited-Term Full-Time**      ☐ **(A) Any**

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

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☐ **(5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

**NOTE:** California State Prison has been abbreviated to "CSP." Youth Correctional Facilities do not use this classification.

☐ **7238 UPPER NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

☐ **0802 Pelican Bay State Prison**  
Crescent City, Del Norte County

☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

☐ **4804 California Medical Facility**  
Vacaville, Solano County

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

☐ **4005 California Men's Colony**  
San Luis Obispo, San Luis Obispo County

☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

**ADULT FACILITIES:**

☐ **3715 R. J. Donovan Correctional Facility**  
**at Rock Mountain**  
San Diego, San Diego County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

**CHIEF DEPUTY, CLINICAL SERVICES, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**RECRUITMENT QUESTIONNAIRE**

**This question is not part of the examination, but is for the hiring authority's information.**

***HOW DID YOU HEAR ABOUT THE CHIEF DEPUTY, CLINICAL SERVICES, CF EXAMINATION?***

Please mark the box that best describes how you heard about the Chief Deputy, Clinical Services, CF examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Job Fair/Career Fair
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Other